

**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Washington, D.C. 20231**

**10/526577**

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

	7 TOTAL AMOUNT OF REFUND	\$
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10 REASON:	8 TO BE REFUNDED BY:							
Overpayment	Treasury Check							
Duplicate Payment	Credit Deposit A/C #:							
No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			--				
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11 REFUND REQUESTED BY:	
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TYPED/PRINTED NAME: _____	<b>TITLE:</b> 07/25/2005 DKTOWELL 0017262400 <b>DAH:</b> 021818 <b>Name/Number:</b> 10526577 <b>FE:</b> 0004 <b>PHONE:</b> \$500.00 CR
SIGNATURE: _____	
OFFICE: _____	

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 THIS SPACE RESERVED FOR FINANCE USE ONLY:  
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APPROVED: _____	DATE: _____
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*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*